

<b>Case Number:</b>	CM15-0005615		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	01/10/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 10, 2009. In a Utilization Review Report dated December 1, 2014, the claims administrator failed to approve a request for a functional restoration program. The claims administrator stated that the applicant had previously received treatment via the functional restoration program and failed to profit from the same. The claims administrator referenced a November 11, 2014 progress note in the determination. The applicant's attorney subsequently appealed. In a November 3, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant stated that she was experiencing a flare of the same. The applicant was apparently given a prescription for Cymbalta and Norco. A two-week functional restoration program was re-proposed. The applicant's work status was not furnished, although it did not appear that the applicant was working. On July 7, 2014, the applicant again reported 8-9/10 low back pain radiating to the leg. The applicant was using Norco, Cymbalta, and Lyrica. Multiple medications were renewed. A functional restoration program was again proposed. On November 11, 2014, the attending provider acknowledged that the applicant had received some "temporary help" through a previous treatment via the functional restoration program. Further treatment via the same was sought. The applicant was still using Norco, Tylenol No. 4, and Lidoderm for pain relief. Once again, the applicant's work status was not furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Functional restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 32 of 127.

**Decision rationale:** No, the proposed functional restoration program was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment via a functional restoration program is not recommended for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here, however, the applicant's work and functional status have not been clearly outlined from visit to visit, suggesting that the applicant was not, in fact, working. The applicant continues to report pain complaints in the 8-9/10 range. The applicant remains dependent on a variety of analgesic and adjuvant medications, including Norco, Tylenol No. 4, Cymbalta, etc. All of the foregoing, taken together, suggests that the applicant had failed to demonstrate significant benefit or functional improvement as defined in MTUS 9792.20f despite prior treatment via two weeks of prior treatment through the functional restoration program at issue. Therefore, the request was not medically necessary.